

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/541023

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		X					51					
2								52					
3	8		X					53					
4								54					
5	0							55					
6								56					
7	0	0						57					
8	0	0						58					
9								59					
10	0	0						60					
11	0	0						61					
12	0	0						62					
13	0	0						63					
14	0	0						64					
15	0	0						65					
16	0	0						66					
17	0							67					
18								68					
19								69					
20								70					
21								71					
22								72					
23								73					
24								74					
25								75					
26								76					
27								77					
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30								80					
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36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	1	↓	1	↓	1	↓		TOTAL IND.	↓	↓	↓		
TOTAL DEP.	16	←	22	←		←		TOTAL DEP.	←	←	←		
TOTAL CLAIMS	17	23						TOTAL CLAIMS					